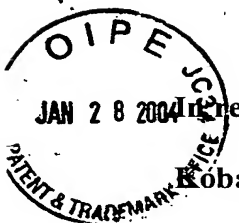


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

1 2187  
#



In the U.S. Patent Application of

Kobayashi *et al.*

Serial Number: 10/000,034

Filed: December 4, 2001

For: SEMICONDUCTOR DEVICE AND DATA  
PROCESSING SYSTEM

Attorney Docket No. ASAM.0032

Art Unit: 2187

Examiner:  
DINH, NGOC V.

Honorable Assistant Commissioner  
for Patents  
Washington, D.C. 20231

**RECEIVED**

FEB 04 2004

Technology Center 2100

**COVER LETTER**

Sir:

[ x ] The fee for submission of claims is calculated as shown below:

| FOR   | TOTAL WITH<br>NEW CLAIMS<br>ADDED | TOTAL<br>CURRENTLY ON<br>FILE | CLAIMS PAID | RATE    | CALCULATION |
|---|-----------------------------------|-------------------------------|-------------|---------|-------------|
| Total Claims  | 18                                | 18                            | (Over 20)   | x \$18  | 0           |
| Independent<br>Claims   | 6                                 | 3                             | (Over 3)    | x \$86  | 258.00      |
| MULTIPLE<br>DEPENDENT<br>CLAIM(S)   |                                   |                               |             | + \$290 | 0           |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).<br>IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED |                                   |                               |             | x ½     |             |
|   |                                   |                               |             | TOTAL   | 258.00      |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

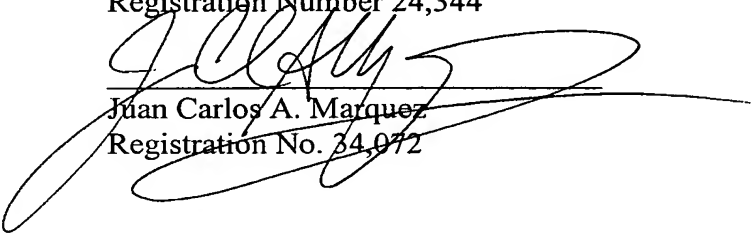
- [ x ] Response to Office Action  
(with Claim Amendments)
- [ ] Substitute Specification
- [ ] Preliminary Amendment
- [ ] Other \_\_\_\_\_

- [ ] Petition for Extension of Time
- [ ] Terminal Disclaimer
- [ ] Letter to Draftsperson
- [ ] Assignment
- [ ] Petition under \_\_\_\_\_

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_  
\_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$258.00** to cover the excess claims fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication,  
or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

\_\_\_\_\_  
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\_\_\_\_\_  
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